

STATEMENT OF PRIOR FEDERAL, ALIEN AND MILITARY SERVICE
 AND DETERMINATION OF COMPETITIVE STATUS

IMPORTANT: The information on this form will be used (1) in determining creditable service for leave purposes and retention credits for reduction in force, and (2) in recording agency determination of competitive status. The employee should complete Part I and the Personnel Office should complete Parts II through V. **16 JUN 61**

PART I.—EMPLOYEE'S STATEMENT										PART II.—THIS COLUMN IS FOR PERSONNEL OFFICE USE		
1. NAME (Last, first, middle initial) GIORDANO, Mario E.					2. DATE OF BIRTH 13 Sept. 1904					9. RETENTION GROUP		
3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)										10. A. CSC STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO B. TYPE OF PRESENT APPOINTMENT		
NAME AND LOCATION OF AGENCY		FROM—		TO—		TYPE OF APPOINTMENT IF KNOWN		11. SERVICE				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
US Army, Munich Military Post		1951	Sept.		1953	Feb	26					
US Army, Deputy Chief of Staff Operations, Training Division, Area and Languages Evaluation Section		1953	Feb	26	1960	Oct	19					
US Army Records Analysts Group		1960	Oct	19								
4. LIST PERIODS OF ACTIVE SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO ACTIVE MILITARY SERVICE, WRITE "NONE."												
BRANCH		FROM—		TO—		DISCHARGE (Hon. or dishon.?)						
		YEAR	MONTH	DAY	YEAR	MONTH	DAY					
5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF ANSWER IS "YES," LIST FOLLOWING INFORMATION.										12. TOTAL SERVICE		
TYPE IF KNOWN (LWOP, Purl, Susp, AWOL, Mor Mar)		FROM—		TO—		TOTAL		13. NONCREDITABLE SERVICE (Leave purposes only)				
		YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS		
6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO. (If answer is "Yes," in what agency were you employed at the time status was acquired?)										14. NONCREDITABLE SERVICE (RIF purposes only)		
7. ARE YOU:										15. REEMPLOYMENT RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
A. THE WIFE OF A DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										16. RETENTION RIGHTS <input type="checkbox"/> YES <input type="checkbox"/> NO		
B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO										17. EXPIRATION DATE OF RETENTION RIGHTS		
C. THE UNREMARKED WIDOW OF A VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO												
8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS. I swear (or affirm) that the above statements are true to the best of my knowledge and belief.												
(DATE)					(SIGNATURE)							
Subscribed and sworn to before me on this _____ day of _____, 19____ at _____ (MONTH) (CITY) (STATE)												
S E A L												
NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.												
INSTRUCTIONS: File this form on the permanent side of the employee's official personnel folder immediately before or after the personnel action involved.												

(OVER)

DECLASSIFIED AND RELEASED BY
 CENTRAL INTELLIGENCE AGENCY
 SOURCES METHOD EXEMPTION 3828
 NAZI WAR CRIMES DISCLOSURE ACT
 DATE 2006